



**OFFICE OF THE BOARD OF HEALTH**

Town of Arlington

27 Maple Street  
Arlington, Massachusetts 02474

Christine M. Connolly  
Director of Public Health

Tel: 781 316-3170  
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**APPLICATION FOR A LICENSE TO OPERATE A MASSAGE ESTABLISHMENT**

Name of  
Establishment \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Hours of Operation \_\_\_\_\_

Method Used to Sanitize Equipment \_\_\_\_\_

\_\_\_\_\_

Manager's Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Please list *all* massage therapists who practice at this establishment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Annual Fee: \$40.00 – make payable to Town of Arlington**

*I agree to follow all rules and regulations specified in the **Arlington Board of Health Massage Therapy Regulations**.*

Sign \_\_\_\_\_ Date \_\_\_\_\_